



Women's Health Care Bibliography October 2003

1: Am J Prev Med. 2003 Oct;25(3):226-31.

Sarcopenia in elderly men and women. The Rancho Bernardo study.

Castillo EM, Goodman-Gruen D, Kritz-Silverstein D, Morton DJ, Wingard DL, Barrett-Connor E.

Sarcopenia risk factors are poorly understood. This study examines sarcopenia prevalence and risk factors in community-dwelling men (694) and women (1006) aged 55-98 years (mean=73) who attended a 1988-1992 Rancho Bernardo Study clinic visit. Height, weight, muscle strength, fat-free mass (FFM), fat mass by bioelectric impedance analysis, and grip strength were measured; alcohol and medication use, smoking, and physical activity were ascertained. Mean FFM was 43.5 kg for women and 61.7 kg for men. Sarcopenia, defined as FFM of ≥ 2.0 standard deviations below the gender-specific mean of a young reference population, was present in 6.0% overall. Prevalence increased dramatically from 4% of men and 3% of women aged 70-75 to 16% of men and 13% of women aged 85 and older. Both men and women with sarcopenia had a significantly lower fat mass and body mass index than those without sarcopenia. Men with sarcopenia were twice as likely to have fallen in the past year compared with those without sarcopenia. Grip strength, but not quadriceps strength, was lower in men and women with sarcopenia. Physically active women were about half as likely to have sarcopenia, but no association was found in men. Few men and women were current smokers, but they were more likely to have sarcopenia. Comorbidities (heart disease, diabetes, pulmonary disease, arthritis, cancer) and medications (thyroid hormones, corticosteroids, and hormone replacement therapy) were not associated with sarcopenia. Sarcopenia increases with age. This study also identified lack of physical activity and current smoking as reversible risk factors for sarcopenia.

PMID: 14507529 [PubMed - in process]

2: Am J Prev Med. 2003 Oct;25(3):259-63.

Whatever happened to clinical breast examinations?

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The purpose of this study was to examine trends in the use of clinical breast examinations (CBE), mammography, and both tests between the years 1990 and 2000. Receipt of breast cancer screening tests (CBE, mammography, and both tests combined) for white, black, and Hispanic women in 1990, 1994, 1998, and 2000 were examined by sociodemographic, access, and health risk indicators using data from the National Health Interview Survey. The use of mammography increased from 1990 to 2000, but the proportion of women reporting a recent CBE decreased for almost all groups of women. Differential use of CBE by sociodemographic characteristics is consistent with what has been documented for mammography. Although the use of mammography has increased since 1990, there has been a downward trend in the use of CBE. Healthcare providers should be aware of the lower rates of CBE, particularly among women with compromised access to health care, and should not assume that women who get mammograms have received comprehensive screening for breast cancer.

PMID: 14507535 [PubMed - in process]

3: Arch Gynecol Obstet. 2003 Oct;268(4):297-300. Epub 2002 Sep 26.

A comparative study of the effect of rofecoxib (a COX 2 inhibitor) and naproxen sodium on analgesic requirements after abdominal hysterectomy.

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This study evaluated the analgesic efficacy of administering preoperatively rofecoxib or naproxen sodium to patients undergoing abdominal hysterectomy. A randomized, double-blinded prospective study was conducted with 60 women undergoing elective abdominal hysterectomy under general anesthesia. Patients were randomly allocated into one of three equally sized groups. Patients in the first group received rofecoxib 50 mg 1 h before operation (group R), patient in the second group received naproxen sodium 550 mg 1 h before surgery (group N) and patients in the third group received a placebo tablet in the same time (group P). Total amount of used morphine mixture was higher in placebo group (93+/-6 ml) than in the group R (50+/-4 ml) and group N (64+/-6 ml). There were significant difference for total amount of used morphine mixture between group P and other two groups. There was significant difference in the volumes of morphine mixture used in the first 12 h in group P and other two groups. The occurrence of side effects such as, dyspepsia, epigastric discomfort, heartburn, were similar in group R and group P. However, this side effects were increased in group N. Rofecoxib receiving preoperatively was provided clinical efficacy for postoperative pain control and well tolerated for gastrointestinal side effects comparable with naproxen sodium.

PMID: 14504873 [PubMed - in process]

4: Arch Intern Med. 2003 Sep 22;163(17):2041-50.

Prevalence and correlates of panic attacks in postmenopausal women: results from an ancillary study to the Women's Health Initiative.

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BACKGROUND: Panic attacks are known to be more common in women than in men, but the prevalence and correlates of panic in the postmenopausal period have not been well defined. **METHODS:** Cross-sectional survey of 3369 community-dwelling postmenopausal women enrolled between December 1, 1997, and November 30, 2000, in the Myocardial Ischemia and Migraine Study, a 10-center ancillary study of the 40-center Women's Health Initiative. Participants, aged 50 to 79 years and predominantly white (73%), completed questionnaires about the occurrence of panic attacks in the previous 6 months and about migraine headaches and underwent 24-hour ambulatory electrocardiographic monitoring. The 6-month prevalences of full-blown and limited-symptom panic attacks were calculated, and their associations with other sociodemographic and clinical variables were examined in multivariate analyses. **RESULTS:** One of the panic attack types was reported by 17.9% (95% confidence interval, 16.6%-19.2%) of women (full-blown attacks, 9.8%; limited-symptom attacks, 8.1%). Adjusting for age and race or ethnicity, full-blown panic attacks were more common in women with a history of migraine, emphysema, cardiovascular disease, chest pain during ambulatory electrocardiography, and symptoms of depression. Full-blown panic attacks were associated in a dose-response manner with negative life events during the past year. Panic attacks were associated with functional impairment even after adjusting for comorbid medical conditions and depression. There was no significant association with self-reported use of hormone replacement therapy. **CONCLUSIONS:** Panic attacks may be relatively common among postmenopausal women and seem to be associated with stressful life events, medical comorbidity, and functional impairment.

PMID: 14504117 [PubMed - in process]

5: Br J Plast Surg. 2003 Oct;56(7):674-83.

Do pre-operative abdominal exercises prevent post-operative donor site complications for women undergoing DIEP flap breast reconstruction? A two-centre, prospective randomised controlled trial.

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The deep inferior epigastric perforator (DIEP) flap is the gold standard for breast reconstruction using abdominal tissue. Unlike the transverse rectus abdominis myocutaneous (TRAM) flap, no rectus abdominis muscle is removed with the flap, but intra-muscular scarring can still cause post-operative complications. Strong abdominal muscles have been advocated as a prerequisite for surgery, but without any evidence as to the potential benefits. This study aimed to investigate the effect of pre-operative abdominal exercises on inpatient pain levels, length of hospital stay, post-operative abdominal muscle strength and function following a DIEP flap. Ninety-three women undergoing delayed breast reconstruction with a DIEP flap between

October 1999 and November 2000 were randomly allocated to either a control or exercise group. The exercise group performed pre-operative exercises using the Abdotrim abdominal exerciser. Pre-operatively, outcome measures included trunk muscle strength measured on an isokinetic dynamometer, SF-36, rectus muscle thickness measured using ultrasound, and submaximal fitness. Post-operative pain and length of hospital stay were recorded. Subjects were reassessed using the same outcome measures 1 year post-operatively. There was a statistically significant increase in static (isometric) muscle strength and thickness pre-operatively for the exercise group. One year following surgery, there was a significant decrease in dynamic (concentric and eccentric) flexion strength for both groups, although the clinical significance of this is questionable as the majority of women had returned to pre-operative fitness and the surgery had no impact on functional activities. The static flexion strength of the control group was reduced at 1 year, whereas it was maintained in the exercise group, although this was not statistically significant. One third of women in the control group complained of functional problems or abdominal pain post-operatively compared to one fifth of the exercise group. Overall, the DIEP flap had no major impact on abdominal muscle strength for either group, demonstrating its superiority over the TRAM flap. There was no statistically significant benefit to the exercise group of the pre-operative exercises 1 year following surgery. However, there was a subjective benefit, albeit statistically nonsignificant, in terms of reduced functional problems post-operatively and improved well-being prior to surgery.

PMID: 12969666 [PubMed - in process]

6: Br J Surg. 2003 Oct;90(10):1213-4.

Management of accessory breast tissue in the axilla.

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BACKGROUND:: Accessory breasts occur in 0.4-6 per cent of women. They may be asymptomatic or cause pain, restriction of arm movement, cosmetic problems or anxiety. It is currently recommended that all accessory breasts be removed surgically but complications following this procedure have been poorly documented. **METHODS::** All patients who presented with axillary accessory breasts between July 1999 and October 2000 were identified from a computer database. A retrospective review of patients listed for excision of accessory breast tissue was undertaken to determine any postoperative complications. **RESULTS::** Women with axillary accessory breasts represented 0.5 per cent of all new referrals. A total of 28 women (80 per cent of those diagnosed) had surgery. Eleven patients experienced postoperative complications; the majority followed operations performed by a trainee. **CONCLUSION::** Excision of accessory axillary breast tissue was associated with significant morbidity. Copyright 2003 British Journal of Surgery Society Ltd. Published by John Wiley & Sons, Ltd.

PMID: 14515288 [PubMed - in process]

7: Brain Res. 2003 Oct 24;988(1-2):84-96.

Estrogen receptors and metabolic activity in the human tuberomammillary nucleus: changes in relation to sex, aging and Alzheimer's disease.

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The human tuberomammillary nucleus (TMN), that is the sole source of histamine in the brain, is involved in arousal, learning and memory and is impaired in Alzheimer's disease (AD) as shown by the presence of cytoskeletal alterations, a reduction in the number of large neurons, a diminished neuronal metabolic activity and decreased histamine levels in the hypothalamus and cortex. Experimental data and the presence of sex hormone receptors suggest an important role of sex steroids in the regulation of the function of TMN neurons. Therefore, we investigated sex-, age- and Alzheimer-related changes in estrogen receptor alpha and beta (ERalpha and ERbeta) in the TMN. In addition, metabolic activity changes of TMN neurons were determined by measuring Golgi apparatus (GA) and cell size. In the present study, ERalpha immunocytochemical expression in AD patients did not differ from that in elderly controls. However, a larger amount of cytoplasmic ERbeta was found in the TMN cells of AD patients. Earlier studies, using the GA size as a parameter, have shown a clearly decreased metabolic activity in the TMN neurons in AD. In the present study, the size of the GA did not change during aging, indicating the absence of strong metabolic changes. Cell size of the TMN neurons appeared to increase during normal aging in men but not in women. Concluding, the enhanced cytoplasmic expression of ERbeta in the TMN may be involved in the diminished neuronal metabolism of these neurons in AD patients.

PMID: 14519529 [PubMed - in process]

8: Cancer. 2003 Sep 15;98(6):1299-308.

Prognostic significance of psychosocial factors in African-American and white breast cancer patients: a population-based study.

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BACKGROUND: It has been suggested that psychosocial factors, such as coping and emotional support, influence cancer survival, but results have been inconclusive. Given the scarce data from racially/ethnically diverse populations, the authors investigated the prognostic significance of selected psychosocial variables in a cohort of African-American women and white women with breast cancer. **METHODS:** The authors examined the effects of coping styles, perceived emotional support, fatalism, and health locus of control on survival for a population-based cohort of 145 African-American women and 177 white women who were diagnosed with breast cancer in Connecticut between January 1987 and March 1989 and were followed for survival for approximately 10 years. Cox proportional hazards models were adjusted for sociodemographic factors, biomedical factors (American Joint Committee on Cancer stage at diagnosis, histologic grade, comorbidity, obesity, menopausal status, and treatment), and lifestyle factors. **RESULTS:** Fully adjusted models showed that lower perceived emotional support (disagreeing with the statement, "cancer is a topic I can talk about freely with my friends/relatives") at diagnosis was associated with a higher risk of death from any cause (hazard ratio, 1.39; 95% confidence interval,

1.09-1.79). Adjustment for additional tumor characteristics (nuclear grade, estrogen and progesterone receptor status) and genetic alterations (p53, HER-2) did not alter the findings. No other psychosocial factors significantly predicted survival in patients with breast cancer. CONCLUSIONS: Higher levels of perceived emotional support showed a moderate but significant association with increased survival in African-American and white women with breast cancer who were followed for 10 years after diagnosis when adjusting for known prognostic factors. Survival was not related to coping styles, fatalism, or health locus of control. Copyright 2003 American Cancer Society. DOI 10.1002/cncr.11670

PMID: 12973855 [PubMed - indexed for MEDLINE]

9: Cancer Res. 2003 Sep 15;63(18):6096-101.

Breast cancer and nonsteroidal anti-inflammatory drugs: prospective results from the Women's Health Initiative.

Harris RE, Chlebowski RT, Jackson RD, Frid DJ, Ascenseo JL, Anderson G, Loar A, Rodabough RJ, White E, McTiernan A; Women's Health Initiative.

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We analyzed data from the prospective Women's Health Initiative (WHI) Observational Study to examine the effects of regular use of aspirin, ibuprofen, and other nonsteroidal anti-inflammatory drugs (NSAIDs) on breast cancer risk. We studied a population of 80,741 postmenopausal women between 50 and 79 years of age who reported no history of breast cancer or other cancers (excluding nonmelanoma skin cancer), and we completed a personal baseline interview that elicited comprehensive health information including data on breast cancer risk factors and NSAID use. All of the cases were adjudicated by WHI physicians using pathology reports. Our analysis was based on 1392 confirmed cases of breast cancer. Relative risks (RRs) with 95% confidence intervals (CIs) were estimated with adjustment for age and other breast cancer risk factors. Regular NSAID use (two or more tablets/week) for 5-9 years produced a 21% reduction in the incidence of breast cancer (RR, 0.79; 95% CI, 0.60-1.04); regular NSAID use for 10 or more years produced a 28% reduction (RR, 0.72; CI, 0.56-0.91), and there was a statistically significant inverse linear trend of breast cancer incidence with the duration of NSAID use ($P < 0.01$). The estimated risk reduction for long-term use of ibuprofen (RR, 0.51; CI, 0.28-0.96) was greater than for aspirin (RR, 0.79; CI, 0.60-1.03). Subgroup analysis by breast cancer risk factors did not result in effect modification. Regular use of acetaminophen (an analgesic agent with little or no anti-inflammatory activity) or low-dose aspirin (<100 mg) was unrelated to the incidence of breast cancer. Our results indicate that the regular use of aspirin, ibuprofen, or other NSAIDs may have a significant chemopreventive effect against the development of breast cancer and underscore the need for clinical trials to confirm this effect.

PMID: 14522941 [PubMed - in process]

10: Cancer Treat Rev. 2003 Oct;29(5):355-61.

The risks and benefits of hormonal replacement therapy in healthy women and in breast cancer survivors.

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For many years hormonal replacement therapy (HRT) has been considered to offer not only effective relief of climacteric symptoms but also a reduction in the risk of osteoporosis and cardiovascular disease, plus a possible prevention of cognitive decline. Randomised trials of HRT in women with preexisting coronary heart disease have not confirmed, however, cardiovascular benefits of HRT and have even suggested increased cardiac risk associated with this management. Numerous retrospective studies demonstrated that the risk of breast cancer is higher in HRT-users and is related to therapy duration. More recent studies suggested that breast cancer risk increases further if oestrogen is coupled with progestogen. On the other hand, some data show that breast cancers diagnosed in women during HRT administration may be less aggressive. Typically, tumours in these patients are smaller and better differentiated. HRT also increases the relative risk of endometrial cancer, particularly if oestrogen alone is administered. Currently, the indications for HRT in healthy subjects should include only reduction of menopausal symptoms and prevention of osteoporosis. The use of HRT in breast cancer survivors is controversial, and until the results from prospective randomised trials are available, cannot be recommended in this group as a standard care.

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11: Circulation. 2003 Oct 7;108(14):1688-93. Epub 2003 Sep 15.

Sex hormone levels and risk of cardiovascular events in postmenopausal women.

Rexrode KM, Manson JE, Lee IM, Ridker PM, Sluss PM, Cook NR, Buring JE.

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BACKGROUND: Despite diffuse effects of sex hormones on the cardiovascular system, few prospective studies have examined the relationship of plasma androgens and estrogens with risk of cardiovascular disease (CVD) in postmenopausal women. **METHODS AND RESULTS:** A nested case-control study was performed among women in the Women's Health Study. Two hundred women who developed CVD were matched 1:1 by age, smoking, and postmenopausal hormone therapy (HT) to controls who remained free of CVD. We measured testosterone, estradiol, and sex hormone binding globulin (SHBG) levels and calculated free androgen index (FAI), free estradiol index, and the FAI/free estradiol index ratio. Results were stratified by HT use. Among HT nonusers, cases had significantly higher androgen profiles (higher median FAI and lower SHBG levels) than controls. After adjustment for age, smoking, use of aspirin, vitamin E, and alcohol, family history of myocardial infarction, and physical activity, nonusers in the lowest SHBG quartile had an OR of 2.25 (95% CI, 1.03 to 4.91) for CVD, and there were significant trends across FAI quartiles (P for trend=0.03). Additional adjustment for body mass index, hypertension, diabetes, and elevated cholesterol eliminated associations with SHBG and FAI. Among women using HT, no significant differences in hormones or SHBG were observed among women who developed CVD and controls. **CONCLUSIONS:**

Among HT nonusers, lower SHBG and higher FAI levels were noted among postmenopausal women who developed CVD events, but this was not independent of body mass index and other cardiovascular risk factors. Estradiol levels were not associated with risk of CVD in HT users or nonusers.

PMID: 12975257 [PubMed - in process]

12: Control Clin Trials. 2003 Oct;24(5):591-609.

Surgical Treatments Outcomes Project for Dysfunctional Uterine Bleeding (STOP-DUB): design and methods.

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The Surgical Treatments Outcomes Project for Dysfunctional Uterine Bleeding (STOP-DUB) was a multicenter, randomized clinical trial that assessed the efficacy and effectiveness of hysterectomy versus endometrial ablation (EA) for dysfunctional uterine bleeding (DUB) in women for whom medical management has not provided relief. Resource centers included a coordinating center, a chair's office, the American College of Obstetricians and Gynecologists, the Agency for Healthcare Research and Quality Project Office and 33 clinical centers in the United States and Canada. STOP-DUB enrolled: (1) eligible patients for whom medical treatment had not been successful and who were randomized to either hysterectomy or EA and (2) an observational cohort of patients who were "provisionally ineligible" or who were eligible but did not wish to be randomized. Enrollment began in October 1997 and ended in June 2001. The primary outcome addressed by the randomized trial was the impact of surgery on bleeding, pain, fatigue, and the major problem (symptom) that led the woman to seek treatment for her condition, measured 1 year following surgery. Additional outcomes included the impact of surgery at time points after 1 year; changes in quality of life, activity limitation, sexual functioning, and urinary incontinence; surgical complications; additional surgery; and resource utilization. The costs and the relative cost-effectiveness of the two surgeries were calculated. The main scientific objective for the observational study was to examine changes over time in terms of treatment selected, DUB-related symptoms, and quality of life.

PMID: 14500057 [PubMed - in process]

13: Curr Opin Obstet Gynecol. 2003 Oct;15(5):353-357.

Bone mineral density in adolescent and young adult women on injectable or oral contraception.

Cromer BA.

SUMMARY: PURPOSE OF REVIEW This report critically reviews recent original research articles that pertain to bone mineral density in young adult women utilizing injectable depot medroxyprogesterone acetate or oral contraceptives. **RECENT FINDINGS** Some evidence indicates that depot medroxyprogesterone acetate and ultra-low dose oral contraceptives (containing 20 microg ethinyl estradiol) may interfere with the large increases normally observed in adolescence; however, the

same degree of bone loss (or lack of bone gain) associated with these drugs is not so impressive in young adult women who would typically be experiencing small changes in bone mass. Data obtained from young adult women show that low dose (30-40 microg ethinyl estradiol) oral contraceptives seem to be more protective of bone than ultra-low dose oral contraceptives. The few extant data suggest that there may be substantial increases in bone mass after discontinuation of depot medroxyprogesterone acetate; no information is available regarding the response of bone after discontinuation of oral contraceptives. As the clinical risk for fracture is usually several decades later, several exogenous factors such as diet and exercise may exert overriding influences on later bone health. Moreover, without contraception, the clinical outcome may be unwanted pregnancy and its potential impact on bone health. SUMMARY Recent findings suggest that depot medroxyprogesterone acetate and ultra-low dose oral contraceptives may interfere with achieving optimal peak bone mass in very young women; however, there may be substantial recovery after cessation of these methods and overriding long-term influences on bone health imposed by a myriad of lifestyle factors.

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14: Curr Opin Obstet Gynecol. 2003 Oct;15(5):429-33.

Overactive bladder: magnetic versus electrical stimulation.

Takahashi S, Kitamura T.

SUMMARY: PURPOSE OF REVIEW To review recent literature on the electrical and magnetic stimulation of the sacral nerve roots and pelvic floor for the treatment of overactive bladder. RECENT FINDINGS Overactive bladder is a common condition affecting millions of women worldwide, with a significant effect on quality of life. Electrical stimulation and neuromodulation of the sacral nerve roots have provided a useful alternative for these patients with satisfactory outcomes. The use of the procedures has been limited, however, mainly due to local discomfort/pain or invasiveness of the surgical procedure. Magnetic stimulation can activate deep neural structures by induced electric currents noninvasively. Recent investigations demonstrated that magnetic stimulation of the sacral roots suppressed detrusor overactivity more effectively compared with electrical stimulation. Clinical trials including randomized placebo-controlled studies demonstrated the excellent short-term effect of magnetic stimulation in the treatment of overactive bladder. SUMMARY Magnetic stimulation appears to induce inhibitory effects on detrusor overactivity in a similar manner to electrical stimulation, with significant clinical advantages. Although further studies are needed to establish long-term efficacy, magnetic stimulation of the sacral nerve roots may be a promising alternative treatment for overactive bladder.

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15: Curr Opin Obstet Gynecol. 2003 Oct;15(5):377-384.

Amenorrhea and bone health in adolescents and young women.

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SUMMARY: PURPOSE OF REVIEW We present an update on amenorrhea in adolescent girls and young women. Amenorrhea may herald the onset of estrogen deficiency, which can adversely affect peak bone mass and ultimate risk of osteoporosis. **RECENT FINDINGS** Adolescence is a critical period for bone accretion. Important modifiable factors that optimize bone accretion during this time are calcium intake, vitamin D, nutrition, and exercise. Another modifiable factor in the hands of the clinician is the prompt recognition and therapy of amenorrhea associated with estrogen deficient states, caused by conditions such as hyperprolactinemia and ovarian failure. An important recent observation is that adolescents with amenorrhea who diet, but who do not meet diagnostic criteria for anorexia nervosa, are nonetheless at significant risk for low bone density. Also, multiple factors contribute to the bone loss experienced by patients with anorexia nervosa, and the associated estrogen deficiency may not be the major contributor. Recent evidence also suggests that the contraceptive depot medroxyprogesterone acetate may contribute to impaired bone accretion. While estrogen/progestin replacement therapy has a clear role in the management of girls and young women with primary ovarian insufficiency, the exact role of this therapy in the amenorrhea associated with anorexia nervosa or exercise remains controversial. **SUMMARY** Increasingly, osteoporosis prevention is recognized as an important role for health care providers of adolescent girls and young women. Viewed from this perspective, there is a need for more aggressive evaluation and management of amenorrhea, and research is needed to define sound and cost effective strategies.

PMID: 14501240 [PubMed - as supplied by publisher]

16: Curr Urol Rep. 2003 Oct;4(5):356-61.

Behavioral Intervention: The First-line Treatment for Women with Urinary Incontinence.

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Urinary incontinence is a women's health problem that imposes major consequences for personal quality of life and for national health care costs. The evidence base for the efficacy of the behavioral interventions of bladder training and pelvic muscle training to treat urinary incontinence in women is strong. Bladder and pelvic muscle training should be considered as basic health promotion education for all women. Screening for incontinence should be a routine component of women's health care and bladder and pelvic muscle training should be prescribed by clinicians as a first-line treatment for women who screen positive. This article summarizes the relevant research and outlines intervention strategies that clinicians can readily translate into everyday practice.

PMID: 14499057 [PubMed - in process]

17: Curr Womens Health Rep. 2003 Oct;3(5):410-7.

Menopausal hormone replacement therapy.

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Varner RE.

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In this paper, the evolution of postmenopausal hormone replacement is reviewed, with an evidence-based approach and particular emphasis on the Heart and estrogen/Progestin Replacement Study and Women's Health Initiative reports. This therapy will continue to evolve and have pertinence for women with menopausal symptoms and for osteoporosis prevention in selected patients.

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18: Disabil Rehabil. 2003 Oct 21;25(20):1181-6.

Determinants of handgrip strength in free-living elderly at risk of malnutrition.

Am VL, H P.

Purpose: Handgrip strength is necessary for performing activities of daily living, which, in turn, are required to maintain functional autonomy. The purpose of this study was to determine anthropometric and personal factors that affect handgrip strength in a group of free-living elderly at risk of malnutrition. Method: The factors associated with handgrip strength (Pearson r , t -test, $\alpha = 0.10$) were entered in a multiple linear regression model ($n = 166$) to identify the independent prediction factors. Reliability of the model was verified with a sub-group of 65 subjects randomly selected from the initial sample. Results: Both groups were statistically similar regarding all factors studied even though the validation group ($n = 65$) had more men (32%) compared to the development group ($n = 166$; 22%). Bivariate analyses showed that handgrip strength was associated with sex, age, pain, hand circumference, and waist-hip ratio. Multiple linear regression analysis identified age, pain, and sex as independent determinants of handgrip strength ($R^2 = 0.16$). This model predicted handgrip strength better in the validation group ($R^2 = 0.29$). Conclusions: As previously shown, women have a smaller handgrip strength than men. In addition, handgrip strength decreases with increasing age and the presence of pain. Emphasis should be placed on the importance of strategies to relieve pain in the free-living frail elderly population.

PMID: 14534061 [PubMed - in process]

19: Eur J Cancer. 2003 Oct;39(15):2168-72.

Is physical function a more appropriate measure than volume excess in the assessment of breast cancer-related lymphoedema (BCRL)?

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The aim of this study was to objectively measure impairment of arm function in women with breast cancer-related lymphoedema (BCRL), and investigate possible associations between this, arm volume excess, and psychological morbidity as measured by the Medical Outcomes Study 36-item short form (SF-36) questionnaire. A total of 48 patients were recruited. Manual dexterity was significantly impaired in the affected arm, independent of dominant or non-dominant arm involvement, but was not associated with arm volume excess. Psychological morbidity was significantly impaired in the domains of 'physical function' and 'bodily pain' when compared with population controls. Degree of impairment in the 'physical function' domain correlated with the absolute level of objectively tested manual dexterity. Impairment of manual dexterity appears to have a greater impact than arm volume excess on the overall psychological morbidity associated with BCRL, suggesting that greater emphasis should be placed upon arm function in the assessment, treatment targeting, and monitoring of patients with this condition.

PMID: 14522374 [PubMed - in process]

20: Eur J Obstet Gynecol Reprod Biol. 2003 Oct 10;110(2):230-4.

Peritoneal tuberculosis-an uncommon disease that may deceive the gynecologist.

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OBJECTIVES: To document women with peritoneal tuberculosis mimicking ovarian malignancy and to review pertinent literature. **STUDY DESIGN:** The records of women with peritoneal tuberculosis who were managed at the Soroka Medical Center, Beer-Sheva, Israel between January 2000 and December 2001 were reviewed. **RESULTS:** Four patients with peritoneal tuberculosis mimicking ovarian malignancy were encountered. Two presented with the classical symptomatology of advanced-stage ovarian carcinoma including ascites, abdominopelvic masses and elevated serum CA-125, and two presented with lower abdominal pain and adnexal mass. Laparoscopy in one patient and laparotomy in three patients revealed peritoneal tuberculosis and no malignancy. Of the three patients who had laparotomy, two underwent unnecessary extended surgery including total hysterectomy, bilateral salpingo-oophorectomy, omentectomy and bilateral pelvic lymphadenectomy, and one had conservative surgery including unilateral salpingo-oophorectomy. All patients were postoperatively treated with quadruple anti-tuberculosis chemotherapy. **CONCLUSIONS:** Medical awareness of peritoneal tuberculosis is still lacking and many women with this disease are initially thought to have ovarian malignancy and undergo unnecessary extended surgery. Laparoscopy including biopsies seems to be a sufficient and safe method to provide diagnosis of peritoneal tuberculosis. If laparoscopy is not feasible, laparotomy should be performed. If no malignancy is detected and the diagnosis of peritoneal tuberculosis is confirmed, unnecessary extended surgery is avoided and anti-tuberculosis treatment is started.

PMID: 12969590 [PubMed - in process]

21: Eur Radiol. 2003 Oct;13(10):2384-9. Epub 2002 Nov 14.

Influence of the radiographer on the pain felt during mammography.

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Mammography is the only useful examination in screening for breast cancer. Mortality from breast cancer can be reduced if women go regularly for a screening mammography. Moreover, it is still the key examination in diagnosis of breast diseases and in the follow-up of patients treated for breast cancer. Pain with mammography can deter women from going for regular screening or follow-up; therefore, it is important to reduce pain experience or discomfort from mammography. In this study we evaluate the impact of the "radiographer" on the pain risk during mammography by analysing questionnaires filled in by women and radiographers. Study results reveal that the opinion of the radiographer, the information and communication during the examination and the number of years of experience are important factors in pain and discomfort experience. The attitude of the radiographer plays an important role in the pain experience.

PMID: 14534806 [PubMed - in process]

22: Expert Opin Pharmacother. 2003 Oct;4(10):1687-95.

Current trends in fibromyalgia research.

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The development of standardized criteria for the diagnosis of fibromyalgia in 1990 has allowed careful study of this chronically painful syndrome. Epidemiological studies show increased symptoms and disability in patients with fibromyalgia, compared with other conditions associated with chronic, widespread pain. In addition, prevalence and severity of fibromyalgia symptoms are increased in women. Current studies have identified strong evidence for central sensitization in fibromyalgia. Data from these studies may expand effective treatment options for fibromyalgia.

PMID: 14521479 [PubMed - in process]

23: Hum Reprod. 2003 Oct;18(10):1992-9.

Issues to debate on the Women's Health Initiative (WHI) study. Hormone replacement therapy: an epidemiological dilemma?

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In July 2002 the data of the prematurely stopped Estrogen plus Progestin study of the Women's Health Initiative (WHI) were presented in the Journal of the American

Medical Association. The results of the Heart and Estrogen/Progestin Replacement Study (HERS/HERS II) were published in the same issue. The results of WHI for healthy postmenopausal women often are interpreted to be in analogy with the HERS/HERS II results for postmenopausal women with established coronary heart disease. As a result of HERS/HERS II and WHI, use of HRT in general became questionable. This is an unjustified judgement of HRT in general. This synoptic review and criticism of both studies will show the methodological weaknesses and their consequences and the reasons for limited generalizability of the study results from WHI and HERS/HERS II on normal HRT users.

PMID: 14507812 [PubMed - in process]

24: Int J Obes Relat Metab Disord. 2003 Oct;27(10):1233-41.

Health-related quality of life in obese outpatients losing weight with very-low-energy diet and behaviour modification-a 2-y follow-up study.

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OBJECTIVE:: To study health-related quality of life (HRQL) in a clinically selected sample of obese outpatients. **DESIGN::** A single-strand before and after study with 2-y follow-up after treatment comprising 10 weeks on very-low-energy diet (VLED) and 4 months of behaviour modification in groups. **SUBJECTS::** A total of 126 (mean (s.d.) age 48.2 (11.1) y and body mass index 42.8 (6.2) kg/m(2) obese patients (63% women) referred for treatment in an obesity clinic. **MEASUREMENTS::** Weight and HRQL using questionnaires (RAND 36-Item Health Survey 1.0 and Obesity-related Psychosocial problems scale (OP-scale)). **RESULTS::** A total of 100 patients (61% women) completed the treatment and 67 (71% women) completed the 2-y follow-up. The mean (s.d.) weight loss was 12.5 (5.6)% at the end of group therapy, 6.0 (7.1)% at 1 y, and 2.6 (7.5)% at 2 y. At baseline, the mean (s.d.) score for the OP-scale was 61.9 (24.6). The mean scores on every RAND-36 scale were markedly lower than in the Finns without chronic conditions. All the scales in HRQL improved markedly during the treatment. During the follow-up, all the scales started to return towards baseline levels, and at 2 y only obesity-related psychosocial problems and physical functioning were still improved relative to baseline. In categories of weight change at 2 y ($\geq 10\%$ weight loss, 0-9.9% weight loss, weight gain), obesity-related psychosocial functioning, physical functioning, and general health showed dose-response improvement with increasing weight loss. A $\geq 10\%$ weight loss at 2 y after treatment was associated with clear improvement in obesity-related psychosocial problems, physical functioning, physical role functioning, bodily pain, general health, mental health, and vitality. A 0-9.9% weight loss was associated with improvement in obesity-related psychosocial problems and physical functioning. Weight gain was associated with improvement in obesity-related psychosocial problems and social functioning. The study population was too small to examine possible gender differences. **CONCLUSIONS::** Treatment with VLED and behaviour modification produces marked short-term weight loss and clear improvement in all aspects of HRQL. At 2 y after treatment, the average maintained weight loss is modest. However, 1/3 of patients maintained a $\geq 5\%$ weight loss. Improvement in obesity-related psychosocial problems and physical functioning is associated even with less than 10% of maintained weight loss. Since the pattern of HRQL changes only partly followed the pattern of weight change as expected, other factors, such as the therapeutic effect of participating in the weight loss

programme or increase in physical activity, may affect HRQL responses. International Journal of Obesity (2003) 27, 1233-1241. doi:10.1038/sj.ijo.0802379

PMID: 14513072 [PubMed - in process]

25: J Am Geriatr Soc. 2003 Oct;51(10):1419-1426.

Clinical Characteristics of Flexed Posture in Elderly Women.

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OBJECTIVES: : To investigate the relationships between the severity of flexed posture (FP), skeletal fragility, and functional status level in elderly women. **DESIGN:** : Cross-sectional study. **SETTING:** : Geriatric rehabilitation research hospital. **PARTICIPANTS:** : Sixty elderly women (aged 70-93) with FP referred to a geriatric rehabilitation department for chronic back pain without apparent comorbid conditions. **MEASUREMENTS:** : Multidimensional clinical assessment included the severity of FP (standing occiput-to-wall distance) demographic (age) and anthropometric (height, weight) data, clinical profile (number of falls, pain assessment, Mini-Mental State Examination, Comorbidity Severity Index, Geriatric Depression Scale, Multidimensional Fatigue Inventory), measures of skeletal fragility (number of vertebral fractures by spine radiograph, bone mineral density (BMD), and T-score of lumbar spine and proximal femur), muscular impairment assessment (muscle strength and length), motor performance (Short Physical Performance Battery, Performance Oriented Mobility Assessment, instrumented gait analysis), and evaluation of disability (Barthel Index, Nottingham Extended Activities of Daily Living Index). **RESULTS:** : The severity of FP was classified as mild in 11, moderate in 28, and severe in 21 patients. Although there were no differences between FP groups on the skeletal fragility measurements, the moderate and severe FP groups were significantly different from the mild FP group for greater pain at the level of the cervical and lumbar spine. The severe FP group was also significantly different from the mild but not the moderate FP group in the following categories: clinical profile (greater depression, reduced motivation), muscle impairment (weaker spine extensor, ankle plantarflexor, and dorsiflexor muscles; shorter pectoralis and hip flexor muscles), the motor function performance-based tests (lower scores in the balance and gait subsets of the Performance Oriented Mobility assessment), the instrumented gait analysis (slower and wider base of support), and disability (lower score on the Nottingham Extended Activities of Daily Living Index). The total number of vertebral fractures was not associated with differences in severity of FP, demographic and anthropometric characteristics, clinical profile, muscular function, performance-based and instrumental measures of motor function, and disability, but it was associated with reduced proximal femur and lumbar spine BMD. **CONCLUSION:** : The severity of FP in elderly female patients (without apparent comorbid conditions) is related to the severity of vertebral pain, emotional status, muscular impairments, and motor function but not to osteoporosis, and FP has a measurable effect on disability. In contrast, the presence of vertebral fractures in patients with FP is associated with lower BMD but not patients' clinical and functional status. Therefore, FP, back pain, and mobility problems can occur without

osteoporosis. Older women with FP and vertebral pain may be candidates for rehabilitation interventions that address muscular impairments, posture, and behavior modification. Randomized controlled trials are needed to support these conclusions.

PMID: 14511162 [PubMed - as supplied by publisher]

26: J Clin Invest. 2003 Oct;112(7):973-7.

Women's health and clinical trials.

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Women have traditionally been underrepresented in clinical trials. In order to translate recent advances in our understanding of the molecular and physiological bases of sex differences into new therapeutics and health practices, sound sex-specific clinical data are imperative. Since the founding of the Office of Research on Women's Health within the Office of the Director at the NIH in 1990, inequities in federally funded biomedical research, diagnosis, and treatment of diseases affecting women in the US have been reviewed. Discussed herein is the evolution of gender-related research innovations, primarily within the last decade, and strategies and challenges involved in the success of this recent development.

PMID: 14523031 [PubMed - in process]

27: J Fam Pract. 2003 Oct;52(10):754-5.

Estrogen plus progestin may increase incidence of dementia.

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Estrogen plus progestin does not decrease-and may actually increase-the incidence of dementia, mild cognitive impairment, and cognitive dysfunction in elderly postmenopausal women. The effect of unopposed estrogen on these outcomes is still unknown. With these new findings and the recently reported results of the Women's Health Initiative, for most women the benefits of estrogen plus progestin do not outweigh the risks.

PMID: 14529594 [PubMed - in process]

28: J Rheumatol. 2003 Oct;30(10):2263-7.

Rupture of silicone gel breast implants and symptoms of pain and fatigue.

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OBJECTIVE: To compare symptoms of women with silicone gel breast implants and women with chronic fatigue syndrome (CFS), and to study the effect of rupture of the silicone implant. **METHODS:** Five hundred readers of the Dutch silicone breast implant support group magazine were asked to respond if they had been informed by the surgeon about the silicone implant status at operation, and to answer questions about symptoms of CFS. Their complaints were compared with those of 100 female patients with CFS and 40 female controls. **RESULTS:** The questionnaires were returned by 319 women. Of these, 227 had symptoms of debilitating chronic fatigue. The patterns of symptoms differed from those in patients with CFS. An analysis of the relation between integrity of the implants and the symptoms could be carried out in 176 women, and 74% of these latter women reported ruptured implants. Significantly more women with ruptured implants than those with intact implants had debilitating chronic fatigue (75% vs 51%), postexertional malaise > 24 h (77% vs 51%), impaired short term memory (58% vs 38%), and multi-joint pain (77% vs 60%). **CONCLUSION:** Women with silicone breast implants often report severe pain and chronic fatigue. Rupture of the implant is associated with an increase in symptoms of pain and chronic fatigue.

PMID: 14528527 [PubMed - in process]

29: JAMA. 2003 Oct 1;290(13):1739-48.

Effects of estrogen plus progestin on gynecologic cancers and associated diagnostic procedures: the Women's Health Initiative randomized trial.

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CONTEXT: The effects of continuous combined hormone therapy on gynecologic cancers have not been investigated previously in a randomized trial setting. **OBJECTIVE:** To determine the possible associations of estrogen plus progestin on gynecologic cancers and related diagnostic procedures. **DESIGN, SETTING, AND PARTICIPANTS:** Randomized, double-blind, placebo-controlled trial of 16 608 postmenopausal women, who had not had a hysterectomy at baseline and who had been recruited from 40 US clinical centers between September 1993 and October 1998 (average follow-up, 5.6 years). **INTERVENTION:** One tablet per day containing 0.625 mg of conjugated equine estrogens plus 2.5 mg of medroxyprogesterone acetate (n = 8506) or placebo (n = 8102). **MAIN OUTCOME MEASURE:** Incident invasive cancer of the ovary and endometrium. **RESULTS:** In 5.6 years of follow-up, there were 32 cases of invasive ovarian cancer, 58 cases of endometrial cancer, 1 case of nonendometrial uterine cancer, 13 cases of cervical cancer, and 7 cases of other gynecologic cancers. The hazard ratio (HR) for invasive ovarian cancer in women assigned to estrogen plus progestin compared with placebo was 1.58 (95% confidence interval [CI], 0.77-3.24). The HR for endometrial cancer was 0.81 (95% CI, 0.48-1.36). No appreciable differences were found in the distributions of tumor histology, stage, or grade for either cancer site. The incidence of other gynecologic cancers was low and did not differ by randomization assignment. More women taking estrogen plus progestin required endometrial biopsies (33% vs 6%; P<.001). **CONCLUSIONS:** This randomized trial suggests that continuous combined estrogen plus progestin therapy may increase the risk of ovarian cancer while producing endometrial cancer rates similar to placebo. The increased burden of endometrial biopsies required to assess vaginal bleeding further limits the acceptability of this

regimen. These data provide additional support for caution in the use of continuous combined hormones.

Publication Types:

Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 14519708 [PubMed - indexed for MEDLINE]

30: JAMA. 2003 Oct 1;290(13):1729-38.

Effects of estrogen plus progestin on risk of fracture and bone mineral density: the Women's Health Initiative randomized trial.

Cauley JA, Robbins J, Chen Z, Cummings SR, Jackson RD, LaCroix AZ, LeBoff M, Lewis CE, McGowan J, Neuner J, Pettinger M, Stefanick ML, Wactawski-Wende J, Watts NB; Women's Health Initiative Investigators.

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CONTEXT: In the Women's Health Initiative trial of estrogen-plus-progestin therapy, women assigned to active treatment had fewer fractures. OBJECTIVE: To test the hypothesis that the relative risk reduction of estrogen plus progestin on fractures differs according to risk factors for fractures. DESIGN, SETTING, AND PARTICIPANTS: Randomized controlled trial (September 1993-July 2002) in which 16 608 postmenopausal women aged 50 to 79 years with an intact uterus at baseline were recruited at 40 US clinical centers and followed up for an average of 5.6 years. INTERVENTION: Women were randomly assigned to receive conjugated equine estrogen, 0.625 mg/d, plus medroxyprogesterone acetate, 2.5 mg/d, in 1 tablet (n = 8506) or placebo (n = 8102). MAIN OUTCOME MEASURES: All confirmed osteoporotic fracture events that occurred from enrollment to discontinuation of the trial (July 7, 2002); bone mineral density (BMD), measured in a subset of women (n = 1024) at baseline and years 1 and 3; and a global index, developed to summarize the balance of risks and benefits to test whether the risk-benefit profile differed across tertiles of fracture risk. RESULTS: Seven hundred thirty-three women (8.6%) in the estrogen-plus-progestin group and 896 women (11.1%) in the placebo group experienced a fracture (hazard ratio [HR], 0.76; 95% confidence interval [CI], 0.69-0.83). The effect did not differ in women stratified by age, body mass index, smoking status, history of falls, personal and family history of fracture, total calcium intake, past use of hormone therapy, BMD, or summary fracture risk score. Total hip BMD increased 3.7% after 3 years of treatment with estrogen plus progestin compared with 0.14% in the placebo group (P<.001). The HR for the global index was similar across tertiles of the fracture risk scale (lowest fracture risk tertile, HR, 1.20; 95% CI, 0.93-1.58; middle tertile, HR, 1.23; 95% CI, 1.04-1.46; highest tertile, HR, 1.03; 95% CI, 0.88-1.24) (P for interaction =.54). CONCLUSIONS: This study demonstrates that estrogen plus progestin increases BMD and reduces the risk of fracture in healthy postmenopausal women. The decreased risk of fracture attributed to estrogen plus progestin appeared to be present in all subgroups of women examined. When considering the effects of hormone therapy on other important disease outcomes in a global model, there was no net benefit, even in women considered to be at high risk of fracture.

Publication Types:
Clinical Trial
Multicenter Study
Randomized Controlled Trial

PMID: 14519707 [PubMed - indexed for MEDLINE]

31: Maturitas. 2003 Sep 25;46(1):45-57.

Associations between attitudes toward hormone therapy and current use of it in middle-aged women.

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OBJECTIVES: To investigate the association between attitudes toward hormone therapy (HT) and use of it and explanatory factors for the association found. **METHODS:** All women in two primary healthcare districts aged 45, 50, 55 or 60 in 2000 or 2001 (n=771) received a questionnaire consisting of quality-of-life instruments and items concerning menopause, health, healthcare, symptoms, sociodemographic factors and attitudes toward HT. **RESULTS:** A total of 564 women (74%) responded to the questionnaire. In the women with a positive or a neutral attitude, rather than a negative one, the age- and menopause-adjusted odds ratios for current HT use were 18.55 (95% CI 8.55, 40.11) and 2.61 (1.15, 5.93), respectively. Health-related factors, factors concerning one's own person and psychosocial factors were the groups of factors found to contribute to explaining the association between attitudes and current HT use. Together, the three groups of factors explained 42 and 98%, respectively, of a positive and a neutral attitude's association with current use of HT. Individual factors of importance in these factor groups were a feeling of being appreciated outside the home, satisfaction with one's work, marital status, own climacteric period, visits to a physician and past use of hormonal contraceptives. In contrast, level of education and the occurrence of cold sweats/hot flushes was not found to contribute to the explanation. **CONCLUSIONS:** Factors concerned with women's everyday life, contentment with oneself and use of healthcare services were of importance in explaining the associations between attitudes toward HT and current use of it. Consideration at these factors in counselling women about HT is recommended.

PMID: 12963169 [PubMed - in process]

32: N Engl J Med. 2003 Sep 25;349(13):1207-15. Epub 2003 Sep 20.

Comment in:
N Engl J Med. 2003 Sep 25;349(13):1277-9.

The effects of parathyroid hormone and alendronate alone or in combination in postmenopausal osteoporosis.

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BACKGROUND: Parathyroid hormone increases bone strength primarily by stimulating bone formation, whereas antiresorptive drugs reduce bone resorption. We conducted a randomized, double-blind clinical study of parathyroid hormone and alendronate to test the hypothesis that the concurrent administration of the two agents would increase bone density more than the use of either one alone.

METHODS: A total of 238 postmenopausal women (who were not using bisphosphonates) with low bone mineral density at the hip or spine (a T score of less than -2.5, or a T score of less than -2.0 with an additional risk factor for osteoporosis) were randomly assigned to daily treatment with parathyroid hormone (1-84) (100 microg; 119 women), alendronate (10 mg; 60 women), or both (59 women) and were followed for 12 months. Bone mineral density at the spine and hip was assessed by dual-energy x-ray absorptiometry and quantitative computed tomography. Markers of bone turnover were measured in fasting blood samples.

RESULTS: The bone mineral density at the spine increased in all the treatment groups, and there was no significant difference in the increase between the parathyroid hormone group and the combination-therapy group. The volumetric density of the trabecular bone at the spine increased substantially in all groups, but the increase in the parathyroid hormone group was about twice that found in either of the other groups. Bone formation increased markedly in the parathyroid hormone group but not in the combination-therapy group. Bone resorption decreased in the combination-therapy group and the alendronate group.

CONCLUSIONS: There was no evidence of synergy between parathyroid hormone and

alendronate. Changes in the volumetric density of trabecular bone, the cortical volume at the hip, and levels of markers of bone turnover suggest that the concurrent use of alendronate may reduce the anabolic effects of parathyroid hormone. Longer-term studies of fractures are needed to determine whether and how antiresorptive drugs can be optimally used in conjunction with parathyroid hormone therapy. Copyright 2003 Massachusetts Medical Society

Publication Types:

Clinical Trial

Multicenter Study

Randomized Controlled Trial

PMID: 14500804 [PubMed - indexed for MEDLINE]

33: Prev Med. 2003 Oct;37(4):334-41.

The use of preventive healthcare by Canadian women who drink alcohol(1).

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Despite established links among heavy alcohol consumption, other poor health behaviors, and poor health status, no Canadian study has specifically addressed the relationship between drinking and the use of preventive healthcare services. This study examines the relationship between drinking and female-specific preventive health service use through a secondary analysis of the 1996-1997 NPHS. Recent use of Pap smears and mammograms was examined in relation to current alcohol consumption, using multivariate logistic regression (weighted n = 25,095). In general, there was a trend toward greater odds of recent service use among light

and moderate drinkers than among heavy drinkers and lifetime abstainers. However, only moderate drinkers were significantly ($P < 0.01$) more likely than abstainers to have recently had a Pap smear. The trend toward lower use of preventive services by heavy drinkers is concerning considering the established harmful effects of prolonged alcohol consumption on health and the tendency for multiple risk behaviors to cluster together in the same individuals. Early detection of departures from good health may alleviate the elevated use of healthcare services among those diagnosed with alcohol use disorders.

PMID: 14507490 [PubMed - in process]

34: Psychooncology. 2003 Oct;12(7):647-63.

A qualitative analysis of social concerns of women with ovarian cancer.

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A diagnosis of ovarian cancer requires a woman to reevaluate her interactions with family, friends, and employers, and cope with unexpected and unwanted changes in areas spanning from financial stability to sexuality and fertility. Social well-being is the aspect of a patient's overall quality of life that encompasses these topics, as it has evolved to represent activities related to roles and relationships at work and at home. The purpose of this study was to explore the social well-being of women with ovarian cancer to better define their needs for the health care community. Data consisted of all correspondence ($n=21,806$) sent to 'Conversations!: The newsletter for those fighting ovarian cancer' by women with ovarian cancer from 1994 to 2000. Using ethnographic, qualitative research methods, statements related to the impact of disease were bracketed and coded within physical, psychological, social, and spiritual domains according to the City of Hope Quality of Life Ovarian Cancer Instrument. Comments reflecting social well-being were categorized in sub-themes and reviewed for content. Statements related to social support were most common ($n=251$) reflecting the need for support from family, friends, and other women with ovarian cancer. Distress regarding the genetic association of the disease comprised a major theme ($n=73$). Family relationships were also discussed ($n=146$) in light of the stress of changing roles and relationships at home. Issues related to employment and returning to work ($n=74$) focused on both the difficulties in taking time off work to receive treatment and sense of achievement felt upon returning to work and regaining normalcy. The themes identified in this study challenge healthcare professionals to provide increased disease-specific support, as well as concomitant support for husbands/partners and children of patients. Additional information on genetic testing and counseling for women at-risk due to a family history of ovarian cancer is also needed. Copyright 2003 John Wiley & Sons, Ltd.

PMID: 14502590 [PubMed - in process]

35: Soc Sci Med. 2003 Oct;57(8):1505-14.

Age and education patterns of smoking among women in high-income nations.

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In suggesting that levels of female smoking in high-income nations result from patterns of adoption and abatement during the process of cigarette diffusion, theories of diffusion predict that age and education patterns of smoking shift from concentration among young and highly educated women to older and less educated women as cigarette use spreads through a population and begins to decline. Using survey data on individuals from 16 European nations, aggregate measures of cigarette diffusion, and multilevel statistical models, this study demonstrates that age and education patterns vary with the stage of cigarette diffusion as predicted by the diffusion theories, and provides some evidence concerning future patterns of change in female smoking across nations at diverse stages of cigarette diffusion.

PMID: 12927479 [PubMed - indexed for MEDLINE]

36: Soc Sci Med. 2003 Oct;57(8):1409-19.

It is hard work behaving as a credible patient: encounters between women with chronic pain and their doctors.

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In various studies during the last decade, women with medically unexplained disorders have reported negative experiences during medical encounters. Accounts of being met with scepticism and lack of comprehension, feeling rejected, ignored, and being belittled, blamed for their condition and assigned psychological explanation models are common. Women patients exerted themselves to attract the doctor's medical attention and interest, and were anxious to be considered as whiners or complainers. Here, we explore the nature of "work" done by the patients in order to be believed, understood, and taken seriously when consulting the doctor. A qualitative study was conducted with in-depth interviews including a purposeful sampling of 10 women of varying ages and backgrounds with chronic muscular pain. The main outcome measures were descriptions reflecting the patients' activities or efforts invested in being perceived as a credible patient. We focused on the gendered dimensions of the experiences. The women patients' accounts indicated hard work to make the symptoms socially visible, real, and physical when consulting a doctor. Their efforts reflect a subtle balance not to appear too strong or too weak, too healthy or too sick, or too smart or too disarranged. Attempting to fit in with normative, biomedical expectations of correctness, they tested strategies such as appropriate assertiveness, surrendering, and appearance. The most important activities or efforts varied. However, the informants were not only struggling for their credibility. Their stories illustrated a struggle for the maintenance of self-esteem or dignity as patients and as women. The material was interpreted within a feminist frame of reference, emphasizing the relationship between dignity and shame, power and disempowerment for women patients' with medically unexplained disorders.

PMID: 12927471 [PubMed - indexed for MEDLINE]

37: Soc Sci Med. 2003 Oct;57(8):1361-74.

"What do you mean 'what's wrong with her?': stigma and the lives of families of children with disabilities.

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This study extends the application of modified labeling theory to the experience of courtesy stigma in families of children with disabilities. The study utilizes a mixed methods approach that integrates quantitative analysis of survey data, qualitative analysis of interactive interviews and personal narrative. A survey of 81 mothers of children with disabilities in Florida, USA, is used to test hypotheses related to the impact of perceived stigma on emotional and social outcomes for mothers and children. The author's experience as the mother of a child with cerebral palsy and interactive interviews with seven other mothers with similar experiences are used to contextualize, humanize and help interpret the quantitative findings. Results indicate that controlling for the effects of salient maternal and child characteristics and the daily hassles of caring for a child with a disability (objective burden), maternal perceptions that individuals with disabilities are devalued and discriminated against (stigmatized) by others increases maternal distress (subjective burden). Findings also indicate that children of mothers who perceive high levels of stigma interact less frequently with age peers in the informal settings of homes and neighborhoods.

PMID: 12927467 [PubMed - indexed for MEDLINE]

38: Support Care Cancer. 2003 Oct 2 [Epub ahead of print].

Care of breast cancer in the elderly woman-what does comprehensive geriatric assessment (CGA) help?

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Breast cancer is the most common cancer in women in Europe and Northern America. Its incidence and mortality rates are increasing with advance in age. Only few elderly women with breast cancer are treated in clinical trials. Elderly women with the same numerical age are very heterogeneous considering their biological age. Geriatric medicine has established comprehensive geriatric assessment (CGA) to get important information on elderly patients missed by a routine clinical history and physical examination. The data collected in CGA are of prognostic relevance for mortality, morbidity, maintenance of independence and utilization of health care resources. Within the last few years, some research groups have demonstrated that the use of CGA in elderly cancer patients collects information missed by the currently established workup of these patients and that this information is of prognostic relevance concerning toxicity of chemotherapy and mortality. The use of CGA in a population of general elderly patients improves functional status and mental health, but so far no effect on mortality could be demonstrated. A subgroup analysis of the elderly cancer patients within this trial additionally demonstrated an improvement in pain control. Special data concerning the use of CGA within the group of elderly breast cancer patients are not published so far. The authors suggest areas of care for

elderly women with breast cancer within which the CGA might be able to improve treatment and which should be a field of randomized controlled trials in the future.

PMID: 14523632 [PubMed - as supplied by publisher]